



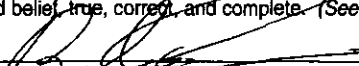
FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 069-855	2. PERIOD COVERED MO DAY YEAR From 05 01 2001 Through 04 30 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.) First Name Bruce Last Name Lichtenstein P.O. Box • Building and Room Number (if any) Number and Street 200 B West Main Street City Babylon State ZIP Code + 4 NY 11702-
4. AFFILIATION OR ORGANIZATION NAME Special - Superior Officers Benevolent Assoc.				
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		
7. UNIT NAME (if any)				
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No				
(If "No," provide address in Item 75.)				
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number 11	Special - Superior Officers Benevolent Association Welfare Fund 200 B West Main Street, Babylon, NY 11702 EIN: 11-2548572 Provides medical benefits to eligible members and dependents			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
76. SIGNED:  07/25/02 (631) 587-9116 Date Telephone Number		PRESIDENT (If other title, see instructions.)		77. SIGNED:  07/25/02 (631) 587-9116 Date Telephone Number
		TREASURER (If other title, see instructions.)		

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | X | |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
<i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2903
19. What is the date of your organization's next regular election of officers? MO YEAR
12 2002
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 75000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 16-20 per Month <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ 50
(c) Transfer Fees	\$
(d) Work Permits	\$ per <small>(Month, Year, etc.)</small>

- | | Yes | No |
|---|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
<i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | X |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | X |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 069-855

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash.....		5871	1910
	26. Accounts Receivable.....		57738	67816
	27. Loans Receivable.....	1		
	28. U.S. Treasury Securities			
	29. Investments.....	2		
	30. Fixed Assets	5	1354	451
	31. Other Assets	3	6153	19951
	32. TOTAL ASSETS		71116	90128
LIABILITIES	33. Accounts Payable.....		28886	24097
	34. Loans Payable.....	8		
	35. Mortgages Payable			
	36. Other Liabilities	4	1378	
	37. TOTAL LIABILITIES		30264	24097
	38. NET ASSETS (Item 32 less Item 37)		40852	66031

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 069-855

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		665758	56. To Officers	9	111310
40. Per Capita Tax			57. To Employees	10	199421
41. Fees		21023	58. Per Capita Tax		
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	131791
44. Work Permits			61. Educational & Publicity Expense ...		
45. Sale of Supplies			62. Professional Fees		51785
46. Interest			63. Benefits	11	21064
47. Dividends			64. Contributions, Gifts & Grants	12	1710
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		34658
50. Loans Obtained	8		67. Withholding Taxes		114929
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14	139530	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements	15	134464
55. TOTAL RECEIPTS		826311	74. TOTAL DISBURSEMENTS		801132

FILE NUMBER: 069-855

SCHEDULE 1 — LOANS RECEIVABLEForm LM-2 (Revised 2000)

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 6 9 - 8 5 5

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. Deposits	785
2. Prepaid Expenses	2775
3. Due from Affiliate	16391
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	19951
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 069-855

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	9539	9088	451	451
7. Other Fixed Assets	4274	4274	0	0
8. Totals of Lines 1 through 7			451	451
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 6.9 - 8 5 5

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
7. Less Reinvestments			
	8. Net Purchases		
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ↑ Item 34 Column (C) ↑ Item 50 ↑ Item 70 ↑ Item 75 with Explanation ↑ Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 069-855

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: Lichtenstein First Name: Bruce Title: President Status: C		108850				108850
2. Last Name: Fedrizzi First Name: Ronald Title: Rec Secy Status: C		43630				43630
3. Last Name: First Name: Title: Status:						
4. Last Name: First Name: Title: Status:						
5. Last Name: First Name: Title: Status:						
6. Last Name: First Name: Title: Status:						
7. Last Name: First Name: Title: Status:						
8. Totals from additional pages (if any)		0				0
9. Totals of Lines 1 through 8		152,480				152,480
10. Less Deductions				41170		
Enter the Total from Line 11 in Item 56 ⇒				11. Net Disbursements 111310		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 069-855

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. <small>Last Name</small> Barriga <small>First Name</small> Minerva <small>Position</small> Rec <small>Name of Affiliated Organization</small>	24898				24898
2. <small>Last Name</small> Pizzulli <small>First Name</small> James <small>Position</small> Union Admin <small>Name of Affiliated Organization</small>	54341				54341
3. <small>Last Name</small> Cardona <small>First Name</small> Jose <small>Position</small> Business Agent <small>Name of Affiliated Organization</small>	52961				52961
4. <small>Last Name</small> Dooley <small>First Name</small> Allen <small>Position</small> Business Agent <small>Name of Affiliated Organization</small>	38059				38059
5. <small>Last Name</small> Jackson <small>First Name</small> Debbie <small>Position</small> Secy <small>Name of Affiliated Organization</small>	18813				18813
6. Totals from additional pages (if any)	67,764				67,764
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	16,344				16,344
8. Totals of Lines 1 through 7					273,180
Enter the Total from Line 10 in..... Item 57 ⇨			9. Less Deductions 73759		
			10. Net Disbursements 199421		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 069-855

Description (A)	To Whom Paid (B)	Amount (C)
1. Welfare	SSOBA Welfare Fund	21,064
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		21064
Enter the Total from Line 6		↑ Item 63


**SCHEDULE 12 —
CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. Donations	1,710
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1710
Enter the Total from Line 8 in ↑ Item 64	


**SCHEDULE 13 —
OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Telephone	23,687
2. Postage	7,518
3. Printing	2,155
4. Auto Expense	52,013
5. Meeting Expense	15,741
6. Office Expense	30,677
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	131791
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Utility Expense	4,165
2. Occupancy	59,283
3. Delegate Expense	12,803
4. Organizing Expense	3,727
5. Promotion	11,637
6. Depreciation Expense	903
7. Insurance Expense	31,781
8. Payroll Processing fees	2,193
9. Bank charges	850
10. Computer Expense	7,122
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	134,464
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: Special + Superior Officers Benevolent Association
 ENDING DATE OF PERIOD COVERED: 4-30-2002

FILE NUMBER: 069-855

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>Pizzulli Mae</div> <div>Asst. to Pres.</div>	33390				33390
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>Spanato Lillian</div> <div>Sec'y</div>	34374				34374
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals	67,764				67,764

ORGANIZATION NAME: Special + Superior Officers Benevolent Association
 ENDING DATE OF PERIOD COVERED: 4-30-02

FILE NUMBER: 069-855

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
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<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

ORGANIZATION NAME: Special + Superior Officers Benevolent Association

ENDING DATE OF PERIOD COVERED: 4-30-02

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SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Totals						

ORGANIZATION NAME:

Special + Superior Officers Benevolent Association

ENDING DATE OF PERIOD COVERED:

4-30-02

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PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Totals						